

COMHELTACWINGPAC
HH-1N AO MAINTENANCE TECHNICIAN
OJT SYLLABUS

Name: _____ **Rate:** _____

1. Prerequisite to final certification is supervisor confidence gained through satisfactory task performance. Satisfactory task performance shall be monitored and documented on the individual's OJT syllabus.
2. Qualification entries will be made when an individual is considered fully qualified to perform tasks without supervision. Work center supervisors have qualification certification authority.
3. Qualification, once achieved, is considered current until:
 - a. qualification is removed for cause by command
 - b. individual transfers to another unit.
4. Entries shall have the qualifier's initials and dates; at no time will vertical lines be used between initials and dates. The work center supervisor's initials and dates are mandatory.
5. This syllabus is used to document OJT leading to job task qualification by the work center supervisor. OJT events shall be documented for all related tasks until the trainee is qualified. The work center supervisor may sign off qualification when satisfied the trainee is fully qualified to perform tasks without supervision. This may be accomplished after only one OJT event or it may require many; the decision rests with the work center supervisor. This OJT syllabus is to be maintained in a centralized location accessible to the trainee at all times. Once completed, this form will be filed on the Right Side, Section 3, of the Qualification/Certification Record. When designated as a CDI, CDQAR, or QAR, this form will be filed in the Certification/Designation section of the Qualification/Certification Record (Left Side) behind the Designation form.
6. The work center supervisor is responsible and accountable for reviewing any member's previous OJT. The work center LPO may conduct a proficiency review with the member. Signature of work center LPO below states that all previous OJT Skill Certifications were reviewed.

Legible Signature of Work Center LPO: _____
Date: _____

OJT/Instructor/Supervisor Sign off Key (print name then sign your initials):

Name: _____	Initials: _____	Name: _____	Initials: _____
Name: _____	Initials: _____	Name: _____	Initials: _____
Name: _____	Initials: _____	Name: _____	Initials: _____

OJT TASK:	QUALIFIER	DATE	SUPERVISOR	DATE
Perform the following tasks:				
All required VIDS/MAF NALCOMIS Entries				
Stray voltage checks on rescue hook, fire bottle and BRU series ejector rack				
ESD procedures				
Verify cartridge activated devices are installed and safety wired properly				
Describe what explosives are removed prior to A/C being moved to hangar				
Discuss the MK-25 and MK-58 MLM Release and control checks				
Discuss the following as applies to safety:				
HERO/RAD hazards				
Ordnance Safety				
Aircraft Safety				